

// \$ 110.00 One Month // \$ 55.00 Two Months /X/ \$ 390.00 // \$ 195.00 Three Months // \$ 930.00 // \$ 465.00 Four Months // \$1,470.00 // \$ 735.00 is hereby requested to /X/ respond to the Official Action mailed 14 August 1996 / / file a Notice of Appeal in response to a final rejection mailed ______ / / file an Appeal Brief now due _____ / / other (specify): _____ The requisite fee pursuant to 37 C.F.R. 1.17 is: /X/ enclosed by Check No. 86979; / / to be charged to Deposit Account No. 06-1300 (Order ____). Two copies of this sheet are enclosed. 11 Please charge any additional fees or credit any overpayment to Deposit Account No. 06-1300 ŰÓrder No. __ Two copies of this sheet are enclosed. Respectfully submitted, FLEHR, HOHBACH, TEST, **ALBRITTON & HERBERT**

> an P. Brunelle Reg. No. 35,081

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